## BEST AVAILABLE COPY

| T                                       | PATENT APPLICATION FEE DETERMINATION RECO   |                          |                                 |            |         |  |                  |        | Application or Docket Num |                        |             |                     |                        |  |
|---|---|--------------------------|---------------------------------|------------|---------|--|------------------|--------|---------------------------|------------------------|-------------|---------------------|------------------------|--|
|   | PATEN   | ſ APPL                   | ON FEE                          |            | ORD     |  | 09/249229        |        |                           |                        |             |                     |                        |  |
|   | CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                          |                                 |            |         |  |                  |        | SMAL                      | LENTITY                |             | OTHER THAT          |                        |  |
| T                                       | FOR   |                          | NUMB                            | ER FILED   | ,       | NUMBER                                     |                  | 1 /    | RATE                      |                        | _           | PATE                |                        |  |
| T                                       | BASIC FEE   |                          |                                 |            |         | <del></del>                                |                  | 11     | 1                         | 380.00                 |             |                     | 760.00                 |  |
| F                                       | TOTAL CLAIMS  | ,                        | 22                              | minu       | us 20=  | • :2                                       | • .2             |        |                           |                        | OR          |                     | 31,00                  |  |
| <u> </u>                                | NDEPENDENT (  |                          | 5                               | minu       | us 3 =  | • 2  |                  | 1      | X39=                      | +-                     | OR          | <b>\</b>            | 156.00                 |  |
| M                                       | MULTIPLE DEPE   | ENDENT                   | CLAIM P                         | RESENT     |         | N  |                  |        | +130=                     | +                      |             | <b></b>             | 1.74                   |  |
|   | If the difference   | ce in colu               | ımın 1 is                       | less than  | zero, ( | enter "0" in                               | column 2         | ' L    |                           |                        | OR          |                     | TO NO                  |  |
|   |   |                          |                                 | MENDE      |         |  |                  |        | TOTAL                     | <u> </u>               | <b>J</b> OR | •                   | 952.00                 |  |
|   |   | (Colu                    | umn 1)                          | .WE17-     | (C      | Column 2)                                  | (Column 3)       |        | SMALL                     | ENTITY                 | OR          | OTHER<br>SMALL      |                        |  |
| AMENDMENT A                             |   | REMA                     | AIMS<br>AINING<br>TER<br>IDMENT | <b>-</b>   | PR      | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |        | RATE                      | ADDI-<br>TIONAL<br>FEE | ا ٦         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| NON                                     | Total -   | 1.2                      | 8                               | Minus      | -       | 28   | 8                | 1      | X\$ 9=                    |                        | OR          | X\$18=              |                        |  |
| AME                                     | Independent   | 1.                       |                                 | Minus      | <u></u> | 5  | :                |        | X39=                      | 1-                     | 1           | X78=                | <del></del>            |  |
| -                                       | FIRST PRES  | ENTATIO                  | N OF MU                         | ILTIPLE DE | PEND    | ENT CLAIM                                  |                  | -      |                           | <del> </del>           | OR          |                     | <del></del>            |  |
| İ                                       |   |                          |                                 |            |         | :  |                  |        | +120≈ .                   |                        | OR          | 4.200.000 C         | <u></u>                |  |
|   |   | Colu                     | - 41                            |            | -       | -1   |                  | AD     | TOTAL<br>DDIT. FEE        | - 8                    | OR ,        | TOTAL<br>ADDIT. FEE |                        |  |
| . 8                                     |   | CLA                      | AMS                             |            | H       | HIGHEST                                    | (Column 3)       |        |                           |                        | - ,         |                     |                        |  |
| DMENT B                                 |   | REMAI<br>AFT<br>AMEND    | TER                             |            | PRE     | NUMBER<br>EVIOUSLY<br>PAID FOR             | PRESENT<br>EXTRA |        | RATE                      | ADDI-<br>TIONAL<br>FEE |             | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | -                        | <del></del>                     | Minus      |         |  | •                |        | X\$ 9=                    |                        | OR          | X\$18=              |                        |  |
| AME                                     | Independent   |                          |                                 | Minus      | •••     |  | =                | -      | X39=                      | <del>  </del>          | 1           | X78=                |                        |  |
|   | FIRST PRESE   | .NTATION                 | 1 OF MUI                        | LTIPLE DE  | PENDE   | ENT CLAIM                                  |                  | -      |                           | <del>  </del>          | OR          |                     | ·                      |  |
|   |   |                          |                                 |            |         |  |                  | L      | +130=                     |                        | OR          | +260=               |                        |  |
|   |   | 2000                     |                                 |            | -       |  |                  | ADI    | TOTAL<br>DIT. FEE         |                        | OR A        | TOTAL<br>ADDIT. FEE |                        |  |
| <del>.</del> T                          |   | (Colum                   | IMS                             |            | (Co     | olumn 2) -                                 | (Column 3)       | -      |                           |                        |             |                     |                        |  |
| AMENDMENT C                             |   | REMAIN<br>AFTE<br>AMENDI | INING<br>ER                     |            | PRE     | IUMBER<br>EVIOUSLY<br>AID FOR              | PRESENT<br>EXTRA | F      | RATE                      | ADDI-<br>TIONAL<br>FEE |             | RATE                | ADDI-<br>TIONAL        |  |
| <u> </u>                                | Total   | ·                        | ^                               | Minus      |         |  |                  | 1,     | C\$ 9=                    |                        |             | X\$18=              | FEE                    |  |
| ¥                                       | Independent   | •                        |                                 | Minus      | •••     |  | 5                | -      | X39=                      |                        | - F         |                     |                        |  |
|   | FIRST PRESE   | NTATION                  | OF MUL                          | TIPLE DEF  | PENDE   | NT CLAIM                                   |                  | 1      |                           | <del></del>            | OR          | X78=                |                        |  |
| • | H the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **TOTAL ADDIT 555 |                          |                                 |            |         |  |                  |        |                           |                        | L           | +260=               |                        |  |
|   |   |                          |                                 |            |         |  |                  | ADD    | on see i                  |                        | OR AE       | TOTAL<br>DDIT. FEE  |                        |  |
|   | The "Highest Numb   | ,                        |                                 | W (1000.0. | inutpe. | ndent) is the n                            | ighest number π  | ound # | n the app                 | ropriate box           | in colur    | mn 1.               |                        |  |

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/249229

## **Total Fee Calculation**

|                         |          | Total        | Number |   | •            |            |    | •       |
|-------------------------|----------|--------------|--------|---|--------------|------------|----|---------|
|                         | Fee Code | # Claims     | Extra  | X | Fee          | Fee        | =  | Total   |
|                         | Sm./Lg.  |              |        |   | Sm. Entity   | Lg. Entity |    |         |
| Basic Filing Fee        | 201/101  |              | 4      |   |              | 760.00     | =  | 760.00  |
| Total Claims >20        | 203/103  | 20 -20 =     |        | x | <del> </del> | 18.00      | == | 36.00   |
| Independent Claims >3   | 2020102  | <u>5</u> -3= | 2      | x |              | 78.00      | =  | 156.00  |
| Mult. Dep Claim Present | 204/104  |              |        |   |              |            | =  |         |
| Surcharge               | 205/105  |              |        |   |              | 130.00     | =  | 130.00  |
| English Translation     | 139      | ٠.           |        |   |              |            |    |         |
| TOTAL FEE CALCUL        | ATION    |              |        |   |              |            |    | 1082.00 |

Fees due upon filing the application:

Total Filing Fees Due = \$ \( \langle 082.00 \)

Less Filing Fees Submitted -\$\_\_\_\_\_

BALANCE DUE =\$ \( \langle 082.00 \)

Office of Initial Patent Examination